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ABSTRACT

The articulation of allied health programs from two-year to four-year colleges or universities is examined, based on a review of the literature from 1972 to 1982. Major concerns to educators and state legislators are duplication of resources, time, money, and the transferability of credits from occupational programs. A controversial issue is whether the two-year degree is a terminal one. Washington State educators identified the need for regional curriculum planning for articulation and design of curriculum ladders, nontraditional approaches to progression for employed students, and challenge exams by which a practitioner may have either formal preparation or job-acquired knowledge and skills. In Southern California, a five-level articulated nursing program allows students to enter and exit at a variety of occupational levels. According to the National Commission on Allied Health Education, 39 states have developed policies to ease the transfer of credits from two-year to four-year institutions. Recommendations include the following: terminal behavior objectives for the various professions need to be defined; the upper-division colleges need to develop part-time and/or evening courses; and accrediting and credentialing agencies need to become more involved in planning and coordinating articulation. (SW)

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Allied Health Program

Articulation from

Two-Year Colleges To

Four-Year Colleges

By

Veronica C. Alzheimer

U.S. DEPARTMENT OF EDUCATION
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Introduction

Articulation is defined as two or more educational programs coordinated such that students are able to make a smooth transition from one level or another without experiencing delays or loss of credit (Bushnell, 1978, p. 4). The three main purposes of articulation are to facilitate the flow of students between levels, to coordinate programs among institutions, and to minimize course duplication and overlap. Articulation takes many forms. It can be the movement of students from high school to college, from two-year colleges to four-year colleges or universities, from four-year colleges or universities to two-year colleges, and from vocational technical schools to two-year colleges to name just a few (Cohen and Brawer, 1982, pp. 183-184).

The focus of this paper is to report on the articulation of allied health programs from two-year colleges to four-year colleges or universities. A review and synthesis of the literature from 1972 to 1982 is presented. The sources for this review were Resources In Education, Education Index, and The Cumlative Index of Nursing and Allied Health Literature. The descriptors used to obtain information were articulation, allied health, career mobility, community college, and junior college. The criteria for selecting articles for review were: (a) the information appeared representative of a particular allied health discipline; (b) the information

presented provides valuable insights into current articulation problems; and (c) the information provided a model which could be used by other programs.

This review contains a brief synopsis of each paper. The reviews are presented in somewhat of a chronological order so that the reader may get some idea of how articulation for allied health programs has progressed over the past ten years. After the reviews, a summary follows which provides the reader with several generalizations and recommendations from the literature. The last section is a reference list which allows the reader to obtain further information if desired.

Reviews

Milliken (1972) reported on a three day conference held in November 1972 by the Health Occupations Teacher Education Program within the Division of Vocation Education of the University of Georgia. One of the main purposes of this conference was to encourage dialogue between faculty members of health occupation programs at various levels. They were to discuss the feasibility of cooperative curriculum planning in order to provide articulation between programs without unnecessary overlapping of course content.

The participants in the conference were divided into smaller discussion groups. Some of the more important ideas which emerged during these discussions were: (a) there should be a centralized information sharing center; (b) both lateral and vertical mobility should be available to health care practitioners; (c) vertical articulation is economical of both time and money; (d) there needs to be cooperate planning between upper and lower levels of programs if there is to be articulation; (e) differences in the source of financing, in faculty standards, and in philosophies of student learning present obstacles to program articulation; and (f) generally, faculty members are somewhat negative towards advance placement for graduates of lower level programs.

Boatman and Huther (1974) discussed the development of the North Carolina Allied Health Articulation Project which was jointly sponsored by the Department of Community Colleges and the University

of North Carolina General Administration. The purpose of this project was to develop procedures which would facilitate transferring credit from one level of an allied health program to some program in higher education. Eight allied health disciplines in the state were studied.

The project's first objective was to assemble available materials on current requirements for admission to allied health programs and materials on the content of courses. These materials were reviewed for possible integration and coordination of admission requirements and course content. Finally, articulation guidelines related to general education requirements, technical/professional education requirements, and practicum requirements were developed and disseminated throughout the state.

One interesting concept which came out of this project was the definition of transfer. Traditionally, transfer meant credits from an Associate in Arts or an Associate in Science curricula. However, this project expanded the concept to include credits from occupational or career programs in two-year institutions. These programs usually culminate in an Associate in Applied Science, and oftentimes, many of these credits would not transfer to an upper division program.

In studying allied health programs in North Carolina, three basic curriculum patterns or models at two-year institutions were identified. The first model, pre-professional curriculum, provided for the completion of general education requirements and

pre-professional requirements only. Professional courses were to be provided at four-year institutions. The second model, basic professional curriculum, led to an associate degree and subsequent licensure, certification, or registration. Practitioners would need to transfer to a four-year institution if they wanted to prepare for expanded role functions in their discipline. The last pattern, intermediate professional curriculum, is usually completed at the associate level and led to an intermediate level of professional certification. The project directors felt that all three models should articulate with an upper division institution.

Finally, this report provided a listing of forty-three guidelines which were developed to aid the transfer of credit for selected allied health disciplines in North Carolina. These guidelines are useful for other states interested in articulation.

In a subsequent report on the North Carolina Articulation Project, Boatman and Huther (1975) presented more details on the project's findings. Barriers to educational mobility were reviewed, and transfer policies and articulation agreements were discussed in detail.

Water and Hanken (1974) described a three-year articulation project implemented at Seattle University. A curriculum for medical record personnel was designed around a career ladder concept. Medical record technicians were given an opportunity to enter the medical record administration program at Seattle University. A consortium of medical record baccalaureate and associate degree programs in the Northwest worked together in developing this articulated program.

It was felt that the consortium allowed for flexability in the educational progression. Community colleges were kept informed of curriculum changes at Seattle University, and Seattle University faculty were able to advise community college faculty on how to best provide for articulation.

Of major interest were the roadblocks identified which inhibited progression in the medical record discipline. There was a lack of advising medical record technicians about progression possibilities. Medical record technician programs were often located in the applied or vocational divisions of community colleges which resulted in assigning a non-university transfer designation. There were a lack of well developed and tested challenge and proficiency exams in the discipline. Finally, ther were a lack of part-time or evening medical record administration courses for those technicians who were employed. Each of these barriers had to be overcome before the articulated program at Seattle University could be implemented.

The authors concluded the article by making several general recommendations to facilitate educational progression. These were: (a) encourage regional curriculum planning for articulation and design of curriculum ladders; (b) provide non-traditional approaches to progression especially to aid the working practitioner; (c) program directors should accept increased responsibility for the design of reasonable progression programs: and (d) design challenge exams for areas in which a practitioner may have either formal preparation or job-acquired knowledge and skills.

Wood and Stitt (1975) described a two-year capstone program at

Southern Illinois University, Carbondale campus. Developed in 1972, this program was to provide occupational graduates form community colleges with additional knowledge, skills, and teaching competencies with no more than two additional years of college. Of importance were the premises used in order to implement this program.

1. Most community college occupational training facilities and staff are equal to, or better than, those of the university.

2. There will be no loss of credit for occupational training when the student stays in the same occupational area.

3. Full credit should be granted by the university for general education courses providing these courses meet general education objectives required for the baccalaureate degree.

4. There should be no penelty or loss of credit if students change their educational aspirations within the same occupational cluster.

One of the occupational areas developed by Southern Illinois University was health. Students are able to prepare for a teaching career in their chosen allied health discipline. Technical credits are converted to academic credits by special arrangements, and a baccalaureate degree and a teacher certification are earned simultaneously.

The authors identified several advantages gained from a capstone program. A student can graduate in two years or less. Universities do not need to invest resources to duplicate facilities, equipment, and staff. Finally, it is a unique opportunity for developing secondary and post-secondary occupational teachers.

Cobin, Traber, and Bullough (1976) reported on a five-level articulated program in nursing in the Orange County-Long Beach area of Southern California. This multiple entry, multiple exit career ladder was a result of a W.K. Kellogg project involving the coordinated efforts of seven nursing departments and one medical school. This five step educational process was based on the assumption that there are cognitive, psychomotor, and affective skills that can be taught at all nursing levels. The problem was to divide the skills and knowledge into discrete curricula with no overlapping. This was accomplished by carefully defining terminal behavioral objectives for each level and then carefully examining these objectives for overlapping.

During a Pennsylvania conference on post-secondary occupational education, Cole (1976) presented a paper on the articulation problems encountered between the associate level and the baccalaureate level in nursing. Due to social, education, and economic issues, there was, and still is, pressure for the two levels of nursing programs to establish cooperative and collaborative working relationships. The author recommended that each level or nursing should: (a) define its competencies; (b) coordinate its resources; (c) initiate interinstitutional faculty exchange; (d) develop a mechanism for validating previous knowledge and experience; (e) develop closer working relationships with regulatory agencies; and (f) study, evaluate, and research pilot articulation programs.

Miller (1980) stated that the biggest obstacle in the career ladder concept of nursing is basically one of philosophy. In 1952,

the associate level degree was conceived as a terminal one. Associate degree nurses were to be called technical nurses while the baccalaureate degree nurses were to be considered professional nurses. Many nursing educators felt that two-year and four-year programs should not articulate as these were definately two different levels of nursing. However, this basic philosophy has slowly changed, and the associate level nurse is not satisfied with a terminal program. Furthermore, the author stated that a major implication of current research is that the asociate degree in nursing is not and should not be considered a terminal degree.

Stevens (1980) further reiterated the issue of technical nurse versus professional nurse. The proponents on one side maintain that associate degree education is terminal, and therefore, it differs in content, philosophy, and attitudes. This side feels that there should be no articulation. Proponents of the other side maintain associate degree education is a stepping stone and is a part of baccalaureate education.

The author presented four political models for the conceptualization of nursing articulation. Model A has the two programs separate with no overlapping. In model B, there is some overlapping. In model C, one program in conceptualized as part, but not all. of the other program. Model D has the programs coincide. The schematic representation of these models is very useful for understanding the various positions taken by nursing educators.

Of further interest was the author's statement on the current status of articulation. Most articulation thus far has involved

upward planning, and programs at the higher level have been rearranged to accomadate the lower level curriculum. The author suggested that articulation might be more effective if there was more downward planning. Associate level curricula would adjust so that graduates were prepared to meet the constraints of the baccalaureate program. The author felt that downward planning allower for more rational curriculum planning in all articulated programs.

Lang, Carroll, Gerger, and Morris (1980) presented the Kentucky Council on Public Higher Education's recommendation that there be a statewide plan for allied health education that would result in an articulated statewide system. Students would be able to enter and exit at a variety of occupational levels. A federal grant was obtained to develop articulated programs in clinical laboratory sciences, dental auxiliaries, nutrition/dietetics, rehabilitation therapy, radiological science, and respiratory therapy.

For each of these allied health disciplines, an advisory group was formed. The basic goal of each group was to develop a curricular design for articulation within each level and type of program. Ten objectives were established to facilitate the development of the model curricula. Ultimately, an articulation manual is to be made available for other states and/or organizations to use.

The National Commission on Allied Health Education (1980) addressed the issue of articulation in allied health education and some of the problems associated with it. The Commission felt that articulation was still a problem in most allied health disciplines. Only in medical laboratory secience has this progession been sufficiently

worked out so that it is considered a natural transition (p. 142).

According to the Commission's figures, only thirty-nine states have thus far developed policies to ease the transfer of credits from two-year institutions to four-year institutions. However, these transfer still generally involve a two-year major leading to an Associate of Arts or an Associate of Science. Transfer of credit from occupational programs still remains problematic (pp. 142-143).

The Commission recommended that educational institutions remove barriers to student progression. Barriers were most often found in the accreditation and credentialing process, state funding formulas which encourage full time enrollment, lack of instruments to assess what students have already learned, and lack of performance objectives for all levels of an allied health occupation.

Summary

Articulation of allied health programs from two-year to four-year institutions has become a concern of state legislators, allied health practitioners, and educators. The literature over the past ten years shows a growing concern over the issues surrounding articulation. There are several basic issues emerging from the literature. Overlapping of programs is of major concern to educators as well as state legislators. This overlapping has resulted in a duplication of valuable resources, time, and money. Pressure is being applied from all sectors to reduce this duplication by articulating programs.

Another issue is the transferability of credits from occupational programs. These programs are usually located in the applied division of a community college, and upper division schools are unable to translate these credits or equate them. This issue need more attention in the future if there is to be successful and meaningful articulation.

Finally, the major issue is basically a philosophical one. A debate ensues on whether a two-year degree is a terminal one or just a stepping stone. This contraversy continues especially in nursing with strong advocates for each side. Articulation will not and can not occur if educators believe that the two-year degree is indeed a terminal one. However, if the two-year degree is seen as merely a stepping stone, then coordinated articulation planning

can and will occur. This issue certainly needs to be resolved before any further dialogue occurs between the two levels of post-secondary education.

After reviewing the literature, several general recommendations appear to be appropriate to the reviewer.

1. A central information center for the sharing of information, materials, ideas, and curriculum guides needs to be established. This center would provide ready information to educators who wish to plan for articulation.

2. Challenge and proficiency exams need to be developed and field tested. Students must be given an opportunity to obtain advanced standing in upper division programs.

3. Terminal behavior objectives for the various professions need to be defined. From these, a taxonomy of knowledge and skills could be developed and be used to divide the profession into entry and exit levels.

4. The upper division institutions need to develop part-time and/or evening courses. Practitioners must be able to attend these programs while they are sill maintaining a full time position.

5. Accrediting and credentialing agencies need to become more involved in planning and coordinating articulation.

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